

# Women and Mental Health



1st October 1995

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**SYMPOSIUM ON**

**WOMEN**

**AND**

**MENTAL HEALTH**

**1st OCTOBER 1995**

**REPORT AND RECOMMENDATIONS**

Compiled by

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Dr. R. Srinivasa Murthy

Dr. Rashmi Lakshminarayana

SYMPOSIUM ON

WOMEN

AND

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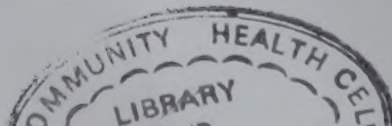
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REPORT AND RECOMMENDATIONS

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## PREFACE

India is going through a period of rapid changes. The economic, political and social changes will affect the lives of all individuals and especially women. There is a growing awareness of the importance of women as 'reform agents' as well as their needs. These perceptions are reflected in the enhanced representation of women in the decentralised administrative units of Panchayat Raj, in job reservations, services for the girl child, literacy programs and reorganised programs of child survival and safe motherhood programs.

Mental health needs of women arise from the biological differences, life situations of women, the stresses of changing society, decreasing social supports from family and community and related issues. The broad canvas of interventions to meet the needs includes health professionals, mental health professionals, writers, media personnel, legal and judicial leaders, families of ill persons, policy makers and the general public.

The recognition of this multifaceted nature of the topic of women and mental health was the background for the Symposium on Women and Mental Health held on 1st October 1995. The active support and involvement of a large number of opinion leaders and an atmosphere of sharing and caring marked the deliberations.

The Report and Recommendations represent the essence of the Symposium. Our hope is that in the coming years we would all address the issues identified in this Symposium to lead to a better quality of life for women in particular and the society at large. The support of Astra-IDL Ltd., Bangalore for the Symposium is appreciated. Our sincere thanks to Dr. Radhika Bobba and Ms. Doris Maria for their excellent support in organising the Symposia.

- K.S. Raghavan
- R. Srinivasa Murthy
- Rashmi Lakshminarayana

# PREFACE

It is a pleasure to have this book published. The author has been very busy with his other work, but he has managed to find time to write this book. The book is a collection of papers which have been published in the Journal of the Royal Society of Medicine. The author has been very busy with his other work, but he has managed to find time to write this book. The book is a collection of papers which have been published in the Journal of the Royal Society of Medicine.

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## INTRODUCTION

Women and mental health is a multidimensional theme and has to be viewed from a wide range of perspectives. The Symposium aimed at doing justice to this theme by touching upon various issues related to women and mental health. This was attempted by trying to link up the related disciplines like journalism, law, reproductive health, philosophy and mental health.

Women's mental health can be examined under the broad divisions of the nature and size of women's mental health problems, the impact of psycho-social factors on the mental health of women along with the larger socio-political issues related to women's mental health. The mental health problems of women pose a challenge with a large number of disorders going unrecognised and untreated in women, a significant number of them occurring markedly more in women and women receiving less than their proper share of the services, due to social and gender inequity.

*Indian women while sharing many of the problems common to their sisters in other parts of the world face certain unique ethnic and cultural problems. Women's health and women's mental health in particular has to be treated in a holistic manner. The goal of the health programme is to make it applicable at the level where it has to be applied. Abandon ivory tower type of research which brings credibility in the field of science but not in the field of health.*

*The women of India today are awake, alert but which direction she will go will not depend on just her inclination and efforts but also on her family, society, the education and health services and sectors, the laws and above all what her enlightened brothers and sisters have to offer her at this crucial juncture as a practical package.*

**DR. G.V. SATHYAVATHI**

Among the psycho-social factors associated with mental ill-health among women, are hunger, malnutrition, anemia, overwork, domestic violence, sexual and reproductive violence and impact of development projects on the life of women. Combating these issues, though seem formidable, can be done so by increasing the awareness about health in general and mental health in particular, among general population and among women. This can be done by involving women in the planning and implementation of services at all levels. This can occur effectively with the empowerment of women. Till recently, mental health problems have been very much neglected and given very little importance in



health planning particularly in the developing countries. Things have somewhat changed in recent years.

*There is a close relation between individual freedom and the welfare state policies. The affected areas of freedom are the freedom of choice with respect to goods and services, the predictability of the consequences of such choice and the primary and personal integrity of the individual which may be regarded as two specific types of abstract goods. Mental health is inversely proportional to the pursuit of lifestyles that defy nature.*

*Positive mental health implies hope, optimism, happiness and faith in the normal absolutes of truth, beauty and goodness, capacity for service for its own sake and a proper perception of the means and end related to the purpose of life and more than all a realisation of the value of life. Mental health professionals must develop techniques and methods appropriate to Indian cultural values that make it possible for individuals and self-help groups to cope with the demands.*

**HON. JUSTICE M.N. VENKATACHALAI AH**

*There is a strong association between maternal deaths and high infant deaths. When a woman dies during delivery, the child has a 17 fold increased risk of dying in the first 6 months.*

**PROF. SUNE BERGSTROM**

The problem of mental health of women, occurs at **three** levels. Firstly a large amount of mental disorders among women remains unrecognised and untreated. Secondly, there are a number of mental disorders which are disproportionately more among women. Thirdly, due to social and gender inequity, women receive less than their proper share of benefits of mental health services even in a poor country like India.

World Bank Health Report (1993) has tried to introduce a new concept of measuring disability by what has been called Disability Adjusted Life Years (DALY). Mental disorders constitute a significant part of total disability adjusted life years (8.1 per cent), more than the disability caused by many well recognised disorders like cancer (5.8 per cent) or heart diseases (4.4 per cent). Apart from mental disorders, behaviour related diseases e.g., diarrhoeal diseases, accidents, malnutrition, AIDS, violence, etc. which are not strictly mental disorders but in the causation of which human behaviour is a significant factor constitutes 34 percent of disability adjusted life years. There is also a significant difference in the burden of mental health among men and women. While depression and other stress-related diseases are more common among women, use of alcohol, drugs, homicide and violence are more frequent among men. Dementia of the aged (Alzheimer's disease) is again more common among women.



## INEQUALITY IN THE DISTRIBUTION OF MENTAL HEALTH SERVICES

Mental health services are very unevenly distributed in our country. Though women constitute the largest group who need and utilise these services, they have a very little say in the planning and distribution of these services. Unfortunately, like many other areas of society, in the field of health, it is the men who take the decisions for women. It is the men who decide when a women is ill, what kind of service she requires, who should treat her, etc. In general, the economically well off males in the cities, receive the best health services while the poor women from city slums or rural areas receive the least satisfactory services. In the field of mental health one has repeatedly seen how girls having mental retardation or epilepsy or even psychosis, unlike boys with the same problems, are almost never brought to a doctor till they are about to be married. Many women with severe depressive symptoms do not receive any treatment till a suicide has been attempted or some other disaster strikes.

## PSYCHOSOCIAL FACTORS ASSOCIATED WITH MENTAL ILL-HEALTH

The separation between health problems and social problems is arbitrary and

*Considerable research has revealed that women experience and respond to stress in distinctive ways compared to men. Women's stress response process is both qualitatively and quantitatively different in terms of hormonal profiles, activation of the sympathetic adrenal medullary and hypothalamic - pituitary - adrenal-cortical response pathways, and in emotional quality. Their typical stress response is also attenuated by the phases of the menstrual cycle related to the synergistic effects of the ovarian steroids. In addition, the nature of women's lives and realities renders them at risk for stress-related effects more often than men. Only perhaps do single fathers with dependent children approach the sheer level of multiple responsibilities that the majority of women carry. It is clear that those who have particular personal difficulties succumb at some point or another. The task of society is clear, that of affording the maximal protection, help and support to those women who, for one or another reason, have been disadvantaged biologically, psychologically or socially in their pursuit of health and well-being.*

***Psychosocial and Mental Health Aspects of Women's Health (p.48) WHO/FHE/MNH/93.1 (1993).***



women in the family who are affected the most in this constellation. Very often she is poor, malnourished, uneducated, overworked, socially deprived, having poor physical health with anaemia and repeated pregnancies. No wonder she also has mental distress resulting in anxiety, depression, hysteria, somatisation and many other mental disorders.

There is perhaps no single group that illustrates better, the combined impact of poverty, lack of education, unemployment and social disintegration on health and quality of life than women. Epidemiological evidences is accumulating linking mental disorders with alienation, powerlessness and poverty, conditions that are most frequently experienced by women. Throughout the world, women are overworked and undervalued. Their subordination makes it more difficult for them to cope with many demands made on them whether of a physical, social or emotional nature.

## **SOCIO-POLITICAL ISSUES**

Mental health of women cannot be studied in isolation. It has to be considered in the larger socio-political context of our times. One of the important ethical issues related to mental health of women is the current organisation of health services which are perceived by women as paternalistic and hierarchical with the doctor dominating the system.

Today, many developmental and psychological theories present the male experience as normative and ignore, or negatively evaluate women's differences in relation to these norms.

*As O'Rourke (1984) has pointed out, "Consideration of the female experience and its context is essential to develop better theories and to provide more relevant and empowering strategies. Differences between men and women do not mean that one is weaker than the other, rather there is a need to seek explanations for differences in order to provide a higher standard of health, both for men and women". To meet these differences, women should have a greater say in the planning and implementation of the services. Considering the size of mental health problems in the country it is unlikely that public or private sector of health can provide adequate coverage. Thus there is a great need for Non-Governmental Organisations (NGOs) to fill this gap.*

*There is no doubt that is the most crucial link in this chain. Without gender equity and empowerment of women nothing else will succeed.*



## ENRICHMENT OF WOMEN

The unfolding of the complex scenario of women and their mental health has brought forth concepts of enrichment of women in the professional, social, personal and political dimensions. This intricate and multifaceted need is often neglected. A gender sensitive approach to enhance women's mental health requires placing of social determinants of mental disorders over and above biological or constitutional factors. Moral commitment on the part of professionals and planners to facilitate a social change and of women's present status is necessary.

Enrichment from the professional and social perspective involves external, non-psychological meanings in contrast to the personal perspective which deals more with psychological and individual realms.

The perplexing connections between a woman's individual enrichment and mental health take numerous dimensions.

Enrichment becomes the other side or antithesis of mental distress due to the numerous demands put on women during various stages of their lives in terms of choices in pregnancy, marriage, childbirth, education and employment. Most of these choices are often not what they themselves have consented to or chosen.

Along with this, women are forced to live more for others than for themselves even in places like home and family. The alternatives of choices are only a facade concealing strong patriarchal emotions and maneuvers. **Even when a woman has no choice to decide things at home or about herself, she takes moral responsibility for the situation, leading to guilt.**

*I would like to say that a woman who opts out of her responsibilities and behaves in an irresponsible manner can by no means be called an enriched woman. True enrichment would harness liberty to responsibility and this, according to me, is how feminism sees the whole idea of women's struggle. The idea that feminism can impel a woman into behaving in an irresponsible manner and consider this liberation is unfortunate. I consider feminism and the women's movement one of the great movements of the century, one which has changed the lives of most people - men as well as women - more than we have an idea of. I, a feminist - and I make it a point to declare myself one - I see feminism as seeking for women the right to fulfill their potential as human beings - no more, and certainly no less. Nowhere does it contain any hint of uncircumscribed liberty or license.*

**MRS. SHASHI DESHPANDE**

Women live a metaphorically symbolic life through songs, rituals, possession and status which denies them the possibility of negotiating their situation directly and in an unequivocal language.

Enriching oneself involves adopting measures to give back one's self esteem in various facets, giving oneself greater self manipulability, so that one is able to resolve certain conflicts and dilemmas without taking symbolic detours for self expression and assertion. There is a need for a progressive change in women's educational, social, economic and health status. These will help her to achieve 'self actualization' bringing happiness, emotional and physical well-being.

## LAW AND MENTAL HEALTH

Female sexuality in law and its mental health dimensions are built upon role stereotypes. Attitudinal barriers in the society operate, denying a women freedom of expression and

*I think it is the task of law, particularly in the case of women and the discrimination against women to see how these private/individual laws can be brought to match with the values under the Indian constitution.*

**DR. MADHAV MENON**

individualistic behaviour. Legal regulations of female sexuality are constructed from breakdown situations (e.g., of family, marriage or penal law) rather than when a woman cannot/will not play according to a designated role.

Institutionalization of women which occurs usually when social institutions like family/marriage breakdown is another cause of concern for professionals of law and mental health. Notions of autonomy, choice, female desire and dignity, have a gender bias with the woman getting a rigid and curtailing attitude from society. This aspect of law has to be examined and repackaging of law reforms has to be done for greater freedom to women. There has to be a shift from the judicial interpretations of these varied contexts which reinforce role stereotypes to ensuring women of effective and non-discriminating provision of laws/justice. These can spare her of being wrongly labelled as mentally ill. Just as ignorance of law is no excuse so also ignorance in the law is no excuse. While dealing with mental health issues it is important to understand that many sensitive issues are bypassed by medicalizing social issues. **There is a need to socialize some of the medical issues if we have to examine and do full justice to the manifold dimensions of mental health of women.**



## **MEDIA AND MENTAL HEALTH**

Media plays an important role in perpetuating gender determined roles and stereotypes which are potentially damaging to women's psychological well-being. This can be discussed and viewed in two ways (i) by considering the impact of media on women's mental health and (ii) by examining the ways in which media covers issues relating to women's mental health. Impact of media on women and their mental health are manifold. Media contribute significantly to the dilemmas and conflicts that women face in many aspects of their lives through promotion of rigid, limiting and unreal sex roles and stereotypes. This cannot be ignored. Absence of women in serious media discourses at various levels and portrayal of successful women being punished with sterility,

*Mental health cannot be looked at from the medical aspect alone. The majority of it has to be looked at from the social aspect. Mental health is linked to self confidence, self esteem, self respect and right attitude to face life. There is need to de-condition women from older stereotypes, to regain the aspects of culture and not hesitate to throw the negative aspects which chain us and not allow us to blossom, grow and reach for the skies.*

**MS.SHIVASHANKARI**

miscarriages and tragic abortions adds to the damage. Victimization of women is portrayed in good faith in order to bring about social change. Heroisation and individualizing women's achievements, rather than highlighting individual initiative and courage do not address the importance of collective action.

Media coverage of issues relating to women's mental health needs, has to shift from being minimal, sporadic and superficial, to being sensitive with regular coverage and weightage. Forging links between mental health professionals and media persons interested in mental health issues can go a long way to help generate better coverage and discourage negative role stereotypes. It is important for anyone dealing with women and their mental health to get inputs from women's literature because one can get insights of the woman's mind which is vital.

## **REPRODUCTIVE HEALTH - MENTAL HEALTH**

Women's health and women's mental health in particular cannot be disassociated from the complex process that women are biologically going through, starting right from childhood through adolescence and adulthood and to old age. This requires consideration of women's mental health in a broader perspective

encompassing sexuality, fertility, and healthy life-styles, harmonizing individual life with family life and crises intervention in situations of distress.

Mental health problems can affect the girl child early in her childhood in the form of childhood sexual abuse giving rise to an increasing rate of depressive and anxiety disorders. Problems related to physiological changes like premenstrual depression, menstruation itself,

premenopausal syndrome and menopause demand mental resilience and flexibility by the women. There are mental health issues which are practically exclusively related to pregnancy and postpartum period like postpartum blues, puerperal psychosis, depression and stresses of caring for a new born infant. In this context, the importance of psychological support to women at critical periods of life is important.

*We must have a holistic approach to every woman who comes for health care, not as an organ related but as a disease related individual.*

**DR. KAMAL BUCKSHEE**

Psychiatric problems related to gynecological pathology like, post hysterectomy syndrome, presence of depression in those with chronic pelvic pain and menstrual irregularities cannot be ignored either. Infertility in any culture imposes severe emotional stress on women manifesting in anxiety and depressive states.

Gynecological somatization of psychological distress in the form of pelvic pain, vaginal discharge occur frequently and most of them go unrecognised. Sensitive issues like contraception in the mentally ill, teratogenicity of commonly used drugs in psychiatric practice, worsening of psychiatric symptoms in relation to the hormonal variations of menstrual cycle and pregnancy have to be given consideration specially to guarantee that a woman gets complete physical and mental health care.

*From the point of view of the perspective of the suffering families, this gender bias becomes very trivial. The agony, intensity and the whole experience of caring for a mentally ill is so much and it is such an overwhelming experience. Many parents do not have time to think on gender based issues. They in fact get desensitised. This is the every day experience from the street.*

**DR. NIRMALA SRINIVASAN**



A holistic approach needs to be adopted to every woman who comes for health care, departing from the earlier organ and disease related care. Close collaboration of psychiatrists and counsellors with obstetricians and gynecologists will help in meeting the mental health needs of women at various stages of their lives and can result in better outcome and satisfaction.

*I think we need microplanning at village level as that is where the solutions are if only we look at them. We do not appreciate what is people's power and it is at this level that the solution lies.*

**DR. BANOO COYAJI**

Both Government and NGOs have to work hand in hand. It is better to have a plan of action and say who is to do what in how much time. If Government needs to be convinced, then by all means let us do so.

## **MENTAL HEALTH CARE**

There are a wide variety of mental health needs of women. One of the very urgent need is the organization of essential services for the ill persons especially those living in rural, tribal and urban slum areas. Needs of women in the institutional settings where women experience greater degree of stress, following disasters are specific problems requiring specific planning of services. Requirements of working women and girls on the street working and earning their living represent another group who require innovative approaches to meet their mental health needs.

The stand point towards which all services have to be directed in this field call for innovative, cost-effective measures which are in harmony with existing socio-political and cultural norms. There is an urgent need for thinking in terms of local initiatives, appreciating the power of micro-planning at the village/grass root level, rather than orienting towards centralized plans, programs and projects. During the last two decades, a number of innovative approaches have been developed to meet the different needs of people with illnesses, to prevent mental disorders and to promote mental health. The overall picture is one of tremendous scope, positive initial experiences and the need to enlarge and cover larger groups of population in all parts of the country.

The wide variety of experiences emphasise the following aspects of mental health care for women.

1. Focussing on mental health rather than mental illness

2. Sharing of mental health information with all individuals
3. Strengthening of family life
4. Organization of care programs in the community
5. Training in mental health for all care providers
6. Organization of referral support for primary care personnel
7. Involvement of NGOs for local level initiatives
8. Professional involvement and reorientation in community care
9. General public education towards a positive approach to mental health
10. Policy changes including legislative changes to promote mental health in the community.

Positive mental health implies hope, optimism, happiness and faith in the moral absolutes of truth, beauty and goodness; a capacity to serve and a proper perception of the means and ends related to the purpose of life. To achieve this, there is a need for interdisciplinary interaction among professionals from different disciplines, backgrounds and orientations to communicate and share on a continuous basis to give women a better life and through women to the whole of humanity.

*I realise that struggle for women's rights in India is absolutely essential. My only concern is about its methodology. Must we do it, the same way as the Western world is doing it, or can there be other ways more suited to Indian psyche and ethos? Even our national struggle for independence was different than other countries of the world. Can we not think of other ways of launching this struggle to win better status for our women? In the field of mental health, India has done things which are different than the countries of the West. I would refer here to the experiments like community mental health care in rural areas, use of yoga and meditation for treatment of mental illnesses, inclusion of family members in the care of mentally ill etc. Success of rural women in Andhra Pradesh to force the law in favour of prohibition is another shining example of women's struggle, done in a typically Indian way. The judgments of Indian judiciary to improve the conditions of mentally ill in mental hospital or legally stopping the practice of keeping mentally ill in jails, are of far reaching importance and unique in the world. Hence I am sure the struggle for rights of women in India will also assume a predominantly Indian character. **As a mental health professional, I would give first priority to increasing the awareness about the importance of mental health in the life of an individual particularly, of women.***

**DR. N.N. WIG**



## **RECOMMENDATIONS**

### **1. INDIVIDUALITY OF WOMEN**

Recognizing the individuality of women, the group urges the identification and formulation of interventions to meet the multiple and complex needs, challenges, inequalities and barriers that face women in their path towards fulfillment.

### **2. WIDER ROLE OF WOMEN**

The role of women in the traditional and modern societies represents a wide spectrum from domestic work to political leadership. The needs of women also ranges from ensuring safe motherhood to enrichment of personal life. This has to be the framework for the understanding of women and mental health. It is no longer possible to talk about women's mental health without considering women's lives in the social context.

### **3. INDIAN HERITAGE**

Recognising the glorious heritage of India and strong institutions in the Indian culture throughout history, the group urges that these strengths are recognized. However, it is not possible to reimpose the past practices in the current society. Choices for the future will also have to recognise and process the shortcomings of the traditional institutions and practices. The newer initiatives and institutions should be rooted in the Indian historical, cultural, social and economic realities. In deciding on choices, it is the moral content which is important than the choices themselves.

### **4. SOCIAL CHANGE**

The changes in the society in recent times is unprecedented both in terms of pace of change and manner of change. All these have greater impact on women and mental health. The impact of change and emerging needs due to changes should receive urgent attention. Planners, professionals and researchers have

to address this issue at different levels. Further, there is an urgent need to make policies and programs in harmony with the needs of women. There has to be continuous monitoring of the impact of current policies on women.

## 5. FAMILY

Recognizing the family as the important basic social unit, the group recommends strengthening of the family. The group also recognizes some of the shortcomings in the family. Keeping these twin aspects in mind, there is a greater need for mutual sharing of responsibilities (e.g., in house work). Empowering women in the family will involve reorganization of career paths and greater economic empowerment. Men and Women will have to be equally targeted in crises help programs for families in distress and in programs of child rearing skills to parents.

## 6. MARRIAGE

Marriage is a strong form of social relationship all over the world. There is a growing realization of the denial of self, experienced by many women in the marital life. The lives of women are considered important from the needs of others and not in terms of her ownself. Often women have to take on moral responsibility for events around them even when it is not her making, adding to her mental distress. There is need for greater freedom in the relationships, sharing of roles and moral responsibility and acceptance of the contribution of women. These can help women to negotiate their life situations directly.

## 7. MEDIA

Recognizing that there is a vast expansion of media in the country and media as the most pervasive potent purveyor of culture in the modern world, the group recommends efforts to break the stereotypes of women in the media. The media coverage of mental health issues need to be less negative and less sensational and more promotive of mental health. The group urges for greater coordination and cooperation between media and mental health professionals. There must also be continuous efforts and mechanisms for monitoring and influencing the media.



## 8. LAW

Reviewing of current approaches to the female sexuality in law, the group noted role stereotypes, legal regulation of sexuality from breakdown situations and lack of emphasis on notions of autonomy, choice, female desire and dignity of risk. It is recommended that there is need to document the legal positions on women's issues and problems. There is a need for active collaboration between professionals from law, judiciary, human rights activists and mental health professionals. Such continuous interactions can bring legal positions in harmony with modern understanding of mental health of women, social realities and aspirations of women.

## 9. REPRODUCTIVE HEALTH

Reproductive health forms an important part of women's health. The growing longevity of women and the smaller family size have increased the total needs of health beyond reproductive health. The group recognized the needs as ranging from biological milestones like menarche, premenstrual syndrome and menopause to situations of pregnancy, abortion and child birth, and special situations of infertility and contraception. The group urges that the needs be met in an "Woman-friendly" approach. The need must be understood across different social groups. Interventions and services should cover all the groups. The strengthening of the existing health infrastructure to be sensitive to women's health is an urgent area for action.

## 10. INNOVATIVE APPROACHES TO CARE

India has been home to a large number of innovative approaches to mental health care for women. Most of these have been small scale and local initiatives. The group recommends efforts towards (i) integration of mental health with primary care; (ii) self-help groups; (iii) sharing of mental health skills with adolescents, working women, women in institutions; (iv) crisis interventions; (v) disaster care; (vi) training in parenting skills; (vii) school mental health programs; (viii) support to HIV/AIDS affected women; (ix) community facilities for the mentally ill; and (x) involving women's organisations in promoting women's health through their development work should be given greater support in mental health programme development. The group recommends wider dissemination of these initiatives, support to NGOs for their implementation

in different parts of the country and greater financial and administrative support from the government.

## 11. PEOPLE'S ACTION

The group recognizes the limitations of the welfare state and recommends greater emphasis on people's action. The initiatives should support home-based care, self-help and strengthening of the positive practices in the community. An important measure towards this is the sharing of information with population groups and commitment to people's action rather than emphasis on state action. One of the activities that needs support from all professionals and industry is to disseminate information to all people.

## 12. RESEARCH

Research is an important need in the area of women and mental health. Future developments will depend on availability of empirical data especially relating to those population groups who are marginalized - rural, tribal and inner city populations. The priority areas for research are (i) effects of poverty; (ii) domestic violence and marital conflict; (iii) sexual and reproductive health; (iv) impact of development, displacement and disasters on women; (v) evaluation of alternative patterns of care; (vi) changing family systems and health of women; (vii) working women's health; (viii) child development in atypical/alternate families; and (ix) media impact on child development. The group urges national research organizations like ICMR, ICSSR to give priority for research in these areas and setting up of Centres for Advanced Research on women's mental health.

## 13. MULTIDISCIPLINARY INTERACTION

Professionals have a vital role in bringing about changes and achieving harmony among many needs, possibilities and demands. In the area of women's mental health, there is need for professionals from different areas - especially mental health, medicine, law, media, sociology, anthropology, economics - to continuously interact, influence and support each other. The current Symposium and its outcome justifies multidisciplinary initiatives and interaction.



## 14. ROLE OF INDUSTRY

The corporate sector - both pharmaceutical and other industrial houses - have a growing social responsibility to the community. They can be instrumental in increasing social awareness, initiatives for care and provide both financial and managerial support. The group urges the Corporate sector to earmark a part of their capital and recurring expenditure for promotion of women's mental health, prevention of mental disorders and care of the mentally ill individuals.

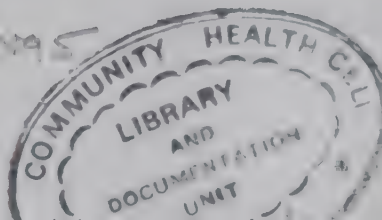
*Both community-based studies and studies of treatment seekers indicate that women are disproportionately affected by mental health problems and that their vulnerability is closely associated with marital status, work and roles in society.*

*Women's mental health cannot be considered in isolation from social, political and economic issues. When women's position in society is examined, it is clear that there are sufficient causes in current social arrangements to account for the surfeit of depression and anxiety experienced by women. Women experience and respond to stress quite differently than do men. In addition, the routine of women's lives render them at risk to experience more stress than do men. This reflects the greater number of social roles women fill as wife, mother, daughter, employee and carer of others. Beyond that, women's reproductive role of bearer, producer, feeder and nurturer of children produces unique potential for stress related effects.*

*Thus, the well-documented higher morbidity in women's health across the lifespan has a clear biosocial underpinning to explain the burnout rates. It is not surprising that the health of so many women is compromised from time to time. Rather, what is more surprising is that stress related health problems do not affect more women.*

**Psychosocial and Mental Health aspects of  
Women's Health (p. 74-75), WHO (1993).**

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## Programme

9.00 - 09.45 am

### Inauguration

Welcome

**Dr. K.S. Raghavan**  
Astra-IDL Ltd., Bangalore.

Background to Symposium

**Prof. Srinivasa Murthy**  
Prof. & Head, Dept. of Psychiatry  
NIMHANS, Bangalore.

Address

**Prof. Sune Bergstrom**  
Noble Laureate,  
Karolinska Institute, Stockholm.

Address

**Dr. G.V. Satyavathi**  
Director General, ICMR, New Delhi

Release of Safe Motherhood in India  
Agenda for Action

**Mrs . Sarala Gopalan**  
Secretary, Women & Child Welfare,  
Govt. of India, New Delhi.

Release of WHO Document on  
Psychosocial and Mental Health  
Aspects of Women's Health

**Prof. N.N. Wig**  
Former Prof. of Psychiatry, AIIMS,  
PGIMER

Presidential address

**Hon. Justice M N Venkatachalaiah**  
Former Chief Justice of India.

Vote of thanks

**Mr. M.H. Narasimhan**  
Astra-IDL Ltd., Bangalore.



**9.45-10.15**

**SESSION I**

Chairperson

DR. G.V. Satyavathi  
DG, ICMR, New Delhi.

Keynote address

Women and Mental Health - A time for  
Reflection.  
Prof. N.N. Wig, Former Advisor,  
Former Prof. of Psychiatry, AIIMS, PGIMER

**10.15 - 11.15**

**SESSION II**

Chairpersons

Dr. Banoo Coyaji  
Director, KEM Hospital, Pune.

Ms. S. Deshpande,  
Novelist, Bangalore

**Enriching Life - Women's Perspective**  
Dr. Bhargavi Devar, Hyderabad.

Discussant

Dr. Manju Mehta  
Additional Professor of Clinical-Psychology  
AIIMS, New Delhi.

Discussion

**11.15-11.30**

**TEA**

11.30 - 13.00

**SESSION III**

Chairpersons

Dr. Madhav Menon  
Director, National Law Institute, Bangalore.

Ms. Shivashankari  
Novelist, Madras.

**Female sexuality in law: The mental health dimension**

Dr. Amita Dhanda  
Indian Law Institute, Delhi.

13.00 - 14.00

**LUNCH**

14.00 - 15.00

**SESSION IV**

Chairpersons

Prof. K. Bhasker Rao  
Prof. of Obstet. & Gynaecol. (Retd), Madras

Dr. Kamal Buckshee  
Prof. & HOD, Dept. of Ob/Gyn., AIIMS  
and President, FOGSI

**Reproductive health - Mental Health issues**

Prof. Sarala Gopalan, PGI, Chandigarh

Discussants

Dr. Prabha Chandra, NIMHANS, Bangalore

Dr. Sudha Tiwari, Parivar Seva Sanstha

**Discussion**



**15.00 - 16.00**

**SESSION V**

**Chairpersons**

Dr. S. Dasgupta  
Former Director, TATA Main Hospital, Jamshedpur.

Dr. Usha R. Krishna  
Past President, FOGSI, Bombay

**Innovative approaches for mental health care  
for women**

Dr. R. Srinvasa Murthy, NIMHANS, Bangalore

**Discussant**

Dr. Leela Raman  
Sr. Dy. Director, NIN, Hyderabad

Discussion

**16.00 - 16.30**

**TEA**

**16.30 - 17.30**

**SESSION VI**

**Chairpersons**

Hon. Justice M.N. Venkatachalaiah  
Former Chief Justice of India, Bangalore.

Prof. Sune Bergstrom  
Nobel Laureate Karolinska Institute, Stockholm.

**Summary**

Dr. K.S. Raghavan

**Recommendations**

Dr. R. Srinivasa Murthy

**Discussion.**

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